

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-002512

STATE FILE NUMBER

AMENDED

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 28

FILED JAN 22 1962

1. PLACE OF DEATH a. COUNTY LAWRENCE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY LAWRENCE				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN AURORA		Length of stay in 1b 3 MONTHS		c. CITY OR TOWN AURORA		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION AURORA HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1301 MADISON			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JAMES Middle ELMER Last BATES				4. DATE OF DEATH Month JANUARY Day 8 , Year 1962				
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8/9/85		
9. AGE (last birthday) 76		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Photographer				10b. KIND OF BUSINESS OR INDUSTRY PHOTOGRAPHY		11. BIRTHPLACE (City and state or country) MARSHAL TOWN, IA		
12. CITIZEN OF WHAT COUNTRY USA								
13a. FATHER'S NAME JAMES A. BATES				13b. MOTHER'S MAIDEN NAME NANCY CORDY				
14. NAME OF HUSBAND OR WIFE ETHEL A BATES								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. [REDACTED]				
17. INFORMANT ETHEL BATES:				Address AURORA, MO.				
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive Cerebrovascular Accident ASCOA Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) 1 year DUE TO (c) 1 year								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Previous Myocardial Infarction						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>						
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Aurora		COUNTY Lawrence		STATE Mo.		
21. I attended the deceased from 1/8/62 to 1/8/62 and last saw her alive on 1/8/62 Death occurred at 8:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) William P. Hamilton M.D.				22b. ADDRESS P.O. Box 506 Aurora Mo.		22c. DATE SIGNED 1/11/62		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 1/11/62		23c. NAME OF CEMETERY OR CREMATORY MAPLE PARK CEMETERY		23d. LOCATION (City, town, or county) (State) AURORA, MO.		
24. FUNERAL DIRECTOR ARNOLD'S				ADDRESS FUNERAL HOME: AURORA, MO.		25. DATE RECD. BY LOCAL REG. 1-11-62		
26. REGISTRAR'S SIGNATURE George L. Langley								

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Issued

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Ivan O. Donald

Licensed Embalmer No. 4929

P. O. Address Aurora, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.